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APPLICANTS

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**** CONTINUING DATA *******
none Rd

**** FOREIGN APPLICATIONS *******
none Rd

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> met after Allowance <i>Rd</i> Verified and Acknowledged Examiner's Signature _____ Initials _____	STATE OR COUNTRY FL	SHEETS DRAWING 5	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 3
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TITLE
 JBOX and safety zone PIR system

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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